

MARGIN RESERVED FOR BINDING

Write Plainly with Unfading Ink.—This is a permanent Record.

N. B.—In case of more than one child at birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated. This certificate must be filed by the attending physician or midwife with each local Registrar within 5 days after birth.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
County of	City of	BUREAU OF VITAL STATISTICS	State Index No.
Yila	Arizona	166	1067a
Local	or	ORIGINAL CERTIFICATE OF BIRTH	
City of	St.	Co. Register No.	Local Registrar's No.
166	166	166	166
FULL NAME OF CHILD		Born } YES	
James Bernard Camp		Alive } NO	
If child is not named, make Supplemental Report on blank obtainable from local registrar.			
Sex of Child	Twin, Triplet or other	Number in order of birth	Legitimate?
Male		1	yes
Date of Birth	Dec. 2nd 1916		
	(Month) (Day) (Yr.)		
FATHER		MOTHER	
Full Name	James G. Camp	Full Maiden Name	Mary Stech
Residence	Miami, Ariz.	Residence	Miami, Ariz.
Color or Race	White	Color or Race	White
Age at last Birthday	32	Age at last Birthday	25
	(Years)		(Years)
Birthplace	Okla. Ariz.	Birthplace	White Oak - N. M.
Occupation	Miner	Occupation	Housewife
Number of child of this mother	1	Number of Children, of this mother, now living	1
Were precautions taken against Ophthalmia neonatorum? yes			

### CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on Dec 2 - 1916, at 3 P. M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature)

Cyril M. Crow M.D.  
(Attending physician, midwife, householder\*)

Given or Christian name added from a

supplemental report 191

Address

Miami - Ariz.

Filed June 6 1917

A True Copy

LOCAL REGISTRAR.

137-1202-422  
COUNTY REGISTRAR.

Filed July 5 1917

COUNTY REGISTRAR.